

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Received
AUG 21 2014
Bayfield Co. Zoning Dept

ENTERED
Permit #: 14-031
Date: 9-11-14
Amount Paid: \$910 8-21-14
Refund: \$100 9-11-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Cynthia Gess Trustees
Address of Property: 41500 Ottertail Drive Town of Grandview
Contractor: Self
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone:
Agent Mailing Address (include City/State/Zip):
City/State/Zip: Cable WI 54821
Plumber:
Plumber Phone:
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, 1/4 Gov't Lot 1 & 2 CSM Vol & Page 2 Lot(s) No. 2 Block(s) No. Subdivision: Trapper Lodge
AND NE 1/4 + NW 1/4 Section 37, Township 44 N, Range 6 W Town of: Grandview
PIN: (23 digits) 04-021-2-44-06-27-1 cc-300-2000 volume 1122 Page(s) 982
Recorded Document: (i.e. Property Ownership)
Distance Structure is from Shoreline:
Distance Structure is from Floodplain? ☐ Yes ☒ No
Distance Structure is from Shoreline: 112 feet
Distance Structure is from Floodplain? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$32,000
Project (What are you applying for) and/or basement
Use # of Stories and/or basement
of bedrooms
What Type of Sewer/Sanitary System is on the property?
Water

☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☒ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well
☐ Conversion ☒ 2 Story ☐ 3 ☐ Sanitary (exists) Specify Type: ☐ Holding Tank
☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract)
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
Proposed Construction: Length: Width: Height:

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use
Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.)
with Loft
with a Porch
with (2nd) Porch
with a Deck
with (2nd) Deck
with Attached Garage
Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities
Mobile Home (manufactured date)
Addition/Alteration (specify)
Accessory Building (specify) Garage
Accessory Building Addition/Alteration (specify)
Dimensions Square Footage
Special Use: (explain)
Conditional Use: (explain)
Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Cynthia Gess + Peter Gess Trustees
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

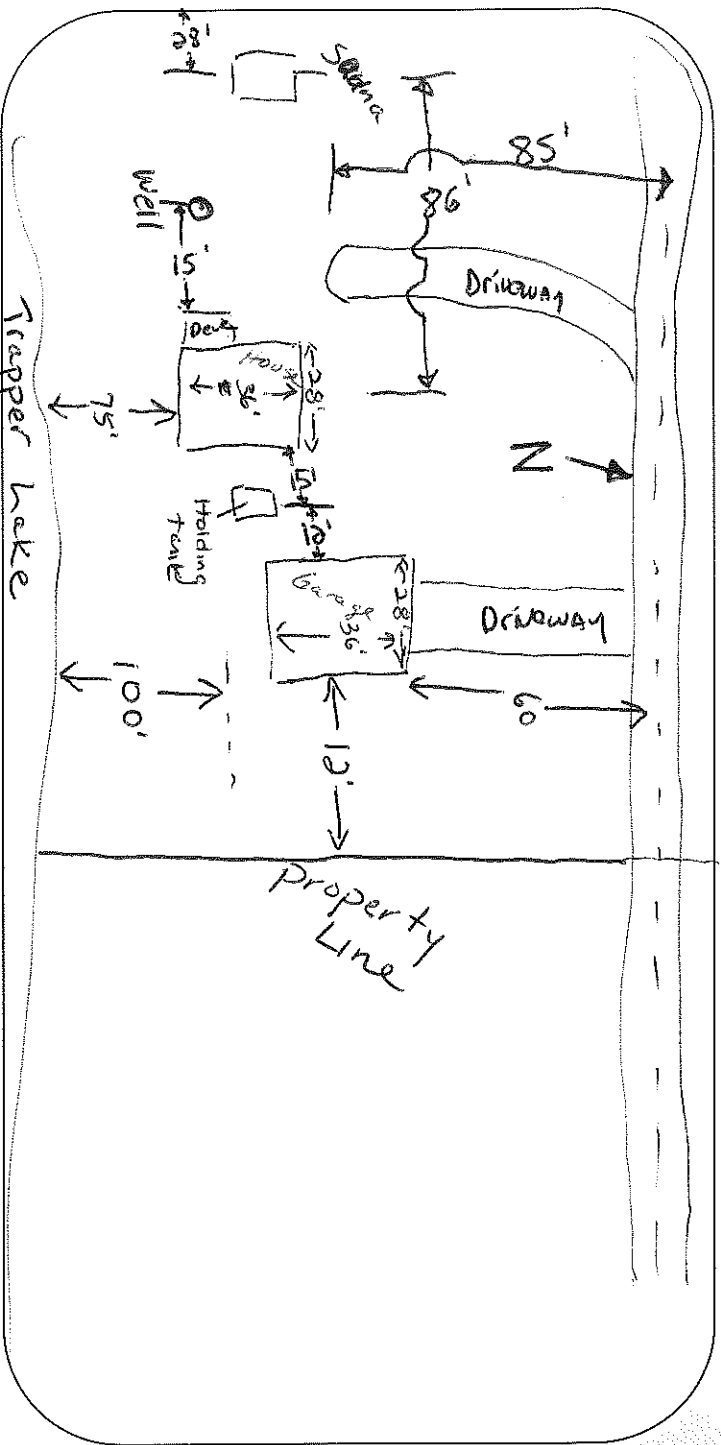
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date 8-16-14

Address to send permit 9245 Jan-View Lane Waconia MN 55387
Copy of Tax Statement ☒

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	60' Feet	Setback from the Lake (ordinary high-water mark)	112' Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot line	150' Feet	Setback from Wetland	150' Feet
Setback from the West Lot line	12' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	70' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-031		Permit Date: 9-11-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (R-1)		
Well status: Met all setbacks.		Lakes Classification (1)		
Date of inspection: 9-8-14		Date of Re-inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Approval: 9-10-14		
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.				
Signature of Inspector: Michele Gutsch		Date of Approval: 9-10-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 12 2014
Bayfield Co. Zoning Dept

ENTERED
Permit #: 14-0385
Date: 9-10-14
Amount Paid: \$7065
Refund: 8-10-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Allen + Jeanette Forness
Address of Property: Chapinwood Rd.
City/State/Zip: Grandview, WI 54839
Mailing Address: 10155 4th Hwy # I-90 River, WI 54847
Telephone: 715-378-4266
Cell Phone:
Contractor: Charles Peterson
Contractor Phone: 715-410-0925
Plumber: Jeff Robinson
Plumber Phone: 715-798-3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 715-410-0925
Agent Mailing Address (include City/State/Zip): W5903 Oak Ridge Dr., Trego, WI 54888
Written Authorization Attached: ☒ Yes ☐ No
Recorded Document: (i.e. Property Ownership)
Volume 1074 Page(s) 611
PROJECT LOCATION: SE 1/4, SW 1/4
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
Section 20, Township 44 N, Range 06 W, Town of: Grandview
Lot Size: Acreage: 1/2

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☒ Yes ☐ No
If yes---continue -->
Distance Structure is from Shoreline: 100+ feet
Is Property in Floodplain Zone? ☒ Yes ☐ No
Are Wetlands Present? ☒ Yes ☐ No
☒ Shoreland --> ☐ Is Property/Land within 1000 feet of lake, Pond or Flowage
If yes---continue -->

Value at Time of Completion: \$259,000
Project (What are you applying for):
Use:
of Stories and/or basement:
of bedrooms:
What Type of Sewer/Sanitary System Is on the property?
Water:
☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☒ 2 ☒ (New) Sanitary ☐ Specify Type: Mound ☒ Well
☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) ☐ Specify Type: ☐
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
Proposed Construction: Length: Width: Height: 21'

Proposed Use: ☒ Residential Use
Proposed Structure: Principal Structure (first structure on property) Dimensions: Square Footage: 36 x 44, 1584
Residence (i.e. cabin, hunting shack, etc.)
with Loft
with a Porch
with (2nd) Porch
with a Deck
with (2nd) Deck
with Attached Garage with 10'x25' Porch (336) 40 x 60, 2,736
Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities
Mobile Home (manufactured date)
Addition/Alteration (specify)
Accessory Building (specify)
Accessory Building Addition/Alteration (specify)
Special Use: (explain)
Conditional Use: (explain)
Other: (explain)

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Owner(s):
Authorized Agent: Charles Peterson
Address to send permit: W5903 Oak Ridge Dr., Trego, WI 54888
Date: 8-11-14
Date: 8-11-14
Attach Copy of Tax Statement

(1) Show location of:	Proposed Construction
(2) Show / indicate:	North (N) on Plot Plan
(3) Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
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